



AIG Life Brokerage

A division of the American International Companies.®

LO

Part 1 Individual and Principal of Corporation. This is Required Information.

Please Print Clearly

Social Security Number: _____ - _____ - _____

Name: _____ Last Name First Name Middle Initial

Date of Birth: _____ Sex: [] Male [] Female
month day year

Resident/Home: _____ Physical Address

City State Zip

Resident/Home Phone Number: _____ E-Mail _____

Business Address: _____ Physical Address City State Zip

Business Phone Number: _____ Fax Number _____

[] I am an officer of the below corporation.

Part 2 Corporate Applicants Required Information.

Please Print Clearly

Individual Applicants Do Not Complete This Section

Tax ID Number _____

Corporate Name: _____

Corporate Address: _____

City State Zip

Corporate Phone Number: _____ State Incorporated: _____

Fax Number: _____ E-Mail: _____

Primary Officer for Corporate Records: _____

Background information reported on page – should provide information for the Officer of the corporation.

Part 3 Recruiter Section - IMO/BGA Only. Complete ONLY when address used is NOT the above business address

Primary mailing address, phone contact, e-mail and faxes will be communicated to the following:

[] All Home Office Mail and other Communication will be directed to other than the above. Please direct to:

Agency Name: _____ Agency Code Number: _____

Business Address: _____ Commission Address: _____

City State ZIP

City State ZIP

Fax Number: _____ Phone Number: _____

E-Mail Address: _____ [] Please check when commission check is mailed directly to agent's business address.



AIG Life Brokerage

A division of the American International Companies.®

Part 4 Licensing and State Appointment Request

Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.

Social Security Number: _____ - _____ - _____

Applicant Name: _____

Licensed for: Life Health Contracted as: Individual Agency

Resident State: _____ Resident License Number: _____

Nonresident Appointment State(s): _____

Attach applicable fees and licenses for states listed above.

FLORIDA residents must specify the Florida county where their business office is located: _____

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit:

Part 5 Variable Licensing - Complete ONLY when variable appointment is requested.

Please complete the following ONLY when requesting variable appointment.

Who is your Broker/Dealer? _____

CRD Number: _____

Circle all current NASD licenses that you hold: 6 7 22 24 26 63 Other: _____

Independent Wholesaler Election

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of American General Life Insurance Company (AGL) variable universal life products. These firms are referred to by AGL as Independent Wholesalers (IW). In order for you to sell AGL's variable universal life insurance products through an IW, an IW agreement must be in place with the BGA/IMO and your broker-dealer must be informed, pursuant to NASD Rule 3030, of your IW election. Additionally, this IW Election Form must be submitted to AIG Life Brokerage, which documents your IW election. If you wish to obtain support through an IW, please indicate your election below.

IW Election: _____
(Name of IW Firms and Code Number)

Part 6 Errors and Omissions Insurance Coverage

Attach copy of E & O Certificate.



AIG Life Brokerage

A division of the American International Companies.®

Part 7 Background Information Required On All Applicants

If this is a corporate application, the questions should be answered by and about the agency principal.

Social Security Number: _____ - _____ - _____

CONFIDENTIAL HISTORY/BACKGROUND INFORMATION

Please provide complete details for any "yes" answers in the Remarks section. Attach additional documentation as necessary.

- 1. Have you ever been convicted of or plead guilty or no contest to:
 - a. Any Felony? Yes No
 - b. Any Misdemeanor? Yes No
 - c. A violation of federal or state securities or investment related regulations? Yes No
- 2. Are you currently under investigation by any legal or regulatory authority? Yes No
- 3. Do you now owe money to any life or health insurance company? Yes No
- 4. Have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgements against you? Yes No
- 5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales? Yes No
- 6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer? Yes No
- 7. Has a bonding company ever denied, paid out on or revoked a bond for you? Yes No
- 8. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage? Yes No
- 9. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities? Yes No

REMARKS SECTION: Details of "yes"



AIG Life Brokerage

A division of the American International Companies.®

Part 8 Signature of Individual -or- Principal of Corporation


Social Security Number: _____ - _____ - _____

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies that I have requested appointments with (hereinafter collectively referred to as the "American General Affiliates") to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in Part 7 change, I will notify, in writing, American General Affiliates within 10 business days of the incident which would cause an answer to change. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization.

I further authorize American General Affiliates, to verify my previous employment and securities registration history through the CRD system.

I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I have received and reviewed the "Compliance Manual" for the American General Life Companies, and/or "Operations Manual" and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

Date: _____ / _____ / _____

Signature:  _____
Signature of Individual -or- Principal of Corporation

Part 9 Signature of Recruiter

The undersigned [recommending representative or General Agent] by executing this applicant recommends the applicant to American General Affiliates as a suitable person to represent the companies. The recommending individual or General Agent also agrees to supervise and assume responsibility for the applicant, if appointed by American General Affiliates, in accordance with the terms of his/her Contract.

Signature: _____
Signature of Recruiter

Date: _____ / _____ / _____

Print Name: _____
Print Name of Recruiter

Agent/Agency Code # _____
Required

Part 10 Home Office Section

Signature: _____
(Additional signatures, if required, RVP)

Date: _____ / _____ / _____

Print Name: _____

Regional Code Number _____

Home Office Approval: _____
(If required)

Date: _____ / _____ / _____

Remove and leave Part 11 with applicant.

Part 11 Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each company with which you have requested an appointment may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, 750 W. Virginia St. Milwaukee, WI 53204. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates. unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.



American General Life Insurance Company

Member of American International Group, Inc.

You are requested to make application to the Department of Insurance in the State(s), indicated below for appointment or issuance of a life insurance representative license authorizing me to solicit applications on behalf of the American General Life Insurance Company (or Affiliate company).

I _____ hereby agree that your consent to the issuance of such
(representative name)
license or appointment is subject to, and I hereby agree to be bound by, each and all of the following conditions:

(1) That I shall be a representative assigned to the jurisdiction of:

_____ Name of assignee hereinafter called "The Agency"

(2) That the Company has no obligation to me for commissions, expense allowances or any form of compensation whatsoever in connection with the services performed and expenses incurred by me in the solicitation of applications for insurance issued by the Company, it being expressly understood that I am under direct contract with the Agency who has personally agreed to compensate me for such services; and

(3) That I have no other contractual relationship with the Company and that I am not, and I shall refrain from holding myself out as, an employee, partner, joint venturer or associate of the Company; and

(4) That I shall comply with the rules, regulations and compliance manuals of the Company, the laws of the State(s) in which I am licensed, and the regulations of the Department of Insurance relating to my activities in the solicitation of insurance; and

(5) That I shall not alter, modify, waive or change any of the terms, rates or conditions of any advertisements, receipts, policies or contracts of the Company, in any respect; and

(6) That I shall promptly remit to the Agency or the Company any and all moneys or securities received by me on behalf of the Company as full or partial payment of first year premiums, or any other item whatsoever; and

(7) That I shall not obligate the Company nor incur expense in its behalf in any manner whatsoever; and

(8) That the Company may, without liability to me whatsoever, upon request of the Agency or upon its own initiative, terminate my appointment at any time.

IN WITNESS WHEREOF, I have affixed my signature this date _____
Month/Day/Year



Applicant's Name (Print)

Signature of Applicant

Date of Birth _____ Social Security # _____

This applicant is recommended for appointment as a representative assigned to my jurisdiction, subject to the terms of my agreement to represent with the "Company" and this Agreement.

The Agency Name (Print)

Signature of the Agency

The Agency Number is _____ Date _____

This contract has been assigned # _____ by American General Life.

98692